CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Date Received
Official Use Only

Gordon David W 1. Office, Agency, or Court Agency, Vame Burbank City Council Division, Board, Department, District, if applicable Founcilmember Fif filing for multiple positions, list below or on an attachment. Agency: Position: 2. Jurisdiction of Office (Check at least one box) State Multi-County City of Other 3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2011, through December 31, 2011. The period covered is January 1, 2011, through December 31, 2011. The period covered is January 1, 2011, through December 31, 2011. The period covered is January 1, 2011, through the date of leaving office. Candidate: Election Year 2013 Office sought, if different than Part 1: Schedule Summary Ackedule Summary Ackedule Schedule At 1 - Investments - schedule attached Schedule At 2 - Investments - schedule attached Schedule B - Real Property - schedule attached Schedule B - Income - Gifts - Travel Payments - schedule attached Schedule B - Income - Gifts - Travel Payments - schedule attached Schedul	Please type or print in ink.				ADM
David W	NAME OF FILER (LAST)	(FIRST)		<u>COLFRK 12DEU</u> (MIDDLE)	, <u>4</u> FN
Agency Name Burbank City Council Division, Board, Department, District, if applicable Footbore Councilmember	Gordon	David		,	
Burbank City Council Division, Board, Department, District, if applicable Councilmember If filing for multiple positions, list below or on an attachment. Agency: Position: 2. Jurisdiction of Office (Check at least one box) State Judge or Court Commissioner (Statewide Jurisdiction) County of County of County of County of County of County of Check at least one box) Annual: The period covered is January 1, 2011, through December 31, 2011. The period covered is January 1, 2011, through December 31, 2011. Assuming Office: Date assumed Assuming Office: Date assumed Check applicable schedules or "None." Schedule A: Investments – schedule attached Schedule A: Investments – schedule attached Schedule B: Real Property – schedule attached Schedule B: Income – Gifts – Travel Payments – schedule attached Schedule B: Income – Gifts – Travel Payments – schedule attached Schedule B: Income – Gifts – Travel Payments – schedule attached Schedule B: Income – Gifts – Travel Payments – schedule attached Schedule B: Income – Gifts – Travel Payments – schedule attached Schedule B: Income – Gifts – Travel Payments – schedule attached Schedule B: Income – Gifts – Travel Payments – schedule attached Schedule B: Income – Gifts – Travel Payments – schedule attached Schedule B: Income – Gifts – Travel Payments – schedule attached Schedule B: Income – Gifts – Travel Payments – schedule attached Schedule B: Income – Gifts – Travel Payments – schedule attached Schedule B: Income – Gifts – Travel Payments – schedule attached Schedule B: Income – Gifts – Travel Payments – schedule attached Schedule B: Income – Gifts – Travel Payments – schedule attached – Income – Gifts – Travel Payments – schedule attached – Income – Gifts – Travel Payments – schedule attached – Income – Gifts – Travel Payments – schedule attached – Income – Gifts – Travel Payments – schedule attache	1. Office, Agency, or Court				_
Division, Board, Department, District, if applicable Councilmember Fosition Councilmember	Agency Name				-
Filling for multiple positions, list below or on an attachment. Agency:	Burbank City Council				
Position:	Division, Board, Department, District, if applicable	Your Po	sition		_
Fiffing for multiple positions, list below or on an attachment. Agency:		Cour	ncilmember		
Jurisdiction of Office (Check at least one box) Judge or Court Commissioner (Statewide Jurisdiction) Multi-County County of County of Other	▶ If filing for multiple positions, list below or on an attack				-
State	Agency:	Positior	n:		
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Type of Statement (Check at least one box) □ Annual: The period covered is January 1, 2011, through December 31, 2011. □ The period covered is	Multi-County				
Type of Statement (Check at least one box) Annual: The period covered is January 1, 2011, through December 31, 2011. The period covered is, through The period covered is					
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Total number of pages including this cover page: Schedule Summary Check applicable schedules or "None." Schedule A-1 - Investments - schedule attached Schedule A-2 - Investments - schedule attached Schedule B - Real Property - schedule attached Schedule B - Income - Gifts - Travel Payments - schedule attached Schedule B - Income - Gifts - Travel Payments - schedule attached Schedule B - Income - Gifts - Travel Payments - schedule attached Schedule B - Income - Gifts - Travel Payments - schedule attached Schedule B - Income - Gifts - Travel Payments - schedule attached Schedule B - Income - Gifts - Travel Payments - schedule attached Schedule B - Income - Gifts - Travel Payments - schedule attached Schedule B - Income - Gifts - Travel Payments - schedule attached Schedule B - Income - Gifts - Travel Payments - schedule attached Schedule B - Income - Gifts - Travel Payments - schedule attached Schedule B - Income - Gifts - Travel Payments - schedule attached Schedule B - Income - Gifts - Travel Payments - schedule attached Schedule B - Income - Gifts - Travel Payments - schedule attached Schedule B - Income - Gifts - Schedule B	The period covered is/		e period covered is Janua aving office.	ry 1, 2011, through the date of	
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Schedule A-2 - Investments – schedule attached Schedule B - Real Property – schedule attached Schedule E - Income – Gifts – Schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached Schedule E - Income – Gifts – Schedule attached Schedule E - Income – Gifts – Schedule attached Schedule E - Income – Gifts – Schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached Schedule Taken — Schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached Schedule Taken — Schedule attached Schedule Taken — Schedule E - Income – Gifts – Travel Payments – schedule attached Schedule Taken — Travel Payments – Schedule attached Schedule Taken — Schedule Taken — Schedule					
Schedule B - Real Property – schedule attached -or- None - No reportable interests on any schedule Verification MAILING ADDRESS STREET CITY STATE ZIP CODE (Business or Agency Address Recommended - Public Document) 851 N. Hollywood Way Burbank CA 91505-2814 DAYTIME TELEPHONE NUMBER (818) 842-2111 I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.	5 TO THE TOTAL PROPERTY OF THE TOTAL PROPERT			d	
Verification MAILING ADDRESS STREET CITY STATE ZIP CODE (Business or Agency Address Recommended - Public Document) 851 N. Hollywood Way Burbank CA 91505-2814 DAYTIME TELEPHONE NUMBER (818) 842-2111 gorbur@pacbell.net I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document. I certify under penalty of perjury under the laws of the State of California that the foregoing is time and correct.	☐ Schedule B - Real Property – schedule attached				
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I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.					
	herein and in any attached schedules is true and comple	te. I acknowledge this is a public do	ocument.	owledge the information contained	i
December 5, 2010	I certify under penalty of perjury under the laws of th	e State of California that the fores	poing is true and correct	/	
Date Signed (month, day, year) Signature	Date Signed December 5, 2012	_ Signature	Vf hul		

CA

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

5:08

SCHEDULE A-2 Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

FAIR POLITICAL PRACTICES	COMMISSION	
Name		
David W Gordon		

► 1. BUSINESS ENTITY OR TRUST	► 1. BUSINESS ENTITY OR TRUST
Dr. David W Gordon, Optometrist	
Name 851 N. Hollywood Way, Burbank, CA 91505-2814	Name
Address (Business Address Acceptable) Check one	Address (Business Address Acceptable)
☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2	Check one Trust, go to 2 Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF BUSINESS ACTIVITY Professional Practice of Optometry	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$2,000 - \$10,000/11	\$2,000 - \$10,000//
☐ \$10,001 - \$100,000 ACQUIRED DISPOSED	\$10,001 - \$100,000 ACQUIRED DISPOSED \$100,001 - \$1,000,000
Over \$1,000,000	Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Sole Proprietorship Partnership Other	Sole Proprietorship Partnership
YOUR BUSINESS POSITION Owner	YOUR BUSINESS POSITION
▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME <u>TO</u> THE ENTITY/TRUST)	➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)
S0 - \$499 S10,001 - \$100,000	□ \$0 - \$499 □ \$10,001 - \$100,000
☐ \$500 - \$1,000	│
➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)	➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)
▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE	► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE
BUSINESS ENTITY OR TRUST	BUSINESS ENTITY OR TRUST
Check one box:	Check one box:
☐ INVESTMENT ☐ REAL PROPERTY	☐ INVESTMENT ☐ REAL PROPERTY
Dr. David W. Gordon, Optometrist	
Name of Business Entity, if Investment, <u>or</u> Assessor's Parcel Number or Street Address of Real Property	Name of Business Entity, if Investment, <u>or</u> Assessor's Parcel Number or Street Address of Real Property
851 N. Hollywood Way, Burbank, CA 91505-2814	
Description of Business Activity or	Description of Business Activity or
City or Other Precise Location of Real Property	City or Other Precise Location of Real Property
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000
X \$100,001 - \$1,000,000 ACQUIRED DISPOSED	\$10,001 - \$100,000
Over \$1,000,000	Over \$1,000,000
NATURE OF INTEREST	NATURE OF INTEREST
▼ Property Ownership/Deed of Trust □ Stock □ Partnership	Property Ownership/Deed of Trust Stock Partnership
Leasehold Other	Leasehold Other
Check box if additional schedules reporting investments or real property are attached	Check box if additional schedules reporting investments or real property are attached
Comments:	[

SCHEDULE C Income, Loans, & Business **Positions**

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700		
FAIR POLITICAL PRACTICES COMMISSION		
Name		

David W GordonCCLERK '12DEC

► 1. INCOME RECEIVED	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
Dr. David W. Gordon, Optometrist	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
851 N. Hollywood Way, Burbank, CA 91505-2814	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Professional Practice of Optometrist	
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
Owner	
GROSS INCOME RECEIVED	GROSS INCOME RECEIVED
	\$500 - \$1,000 \$1,001 - \$10,000
S10,001 - \$100,000 X OVER \$100,000	\$10,001 - \$100,000 OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	00100550471011504
Salary Spouse's or registered domestic partner's income	CONSIDERATION FOR WHICH INCOME WAS RECEIVED Salary Spouse's or registered domestic partner's income
Loan repayment Partnership	
	Loan repayment Partnership
Sale of(Real property, car, boat, etc.)	Sale of(Real property, car, boat, etc.)
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
	Rental income, list each source of \$10,000 or more
Other	Other
(Describe)	(Describe)
► 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PER	1
retail installment or credit card transaction, made in the	nding institutions, or any indebtedness created as part of a
members of the public without regard to your official sta	lender's regular course of business on terms available to tus. Personal loans and loans received not in a lender's
regular course of business must be disclosed as follows	S:
NAME OF LENDER*	
NAME OF LEADER	INTEREST RATE TERM (Months/Years)
ADDRESS (Business Address Acceptable)	% None
Acceptable)	SECURITY FOR LOAN
BUSINESS ACTIVITY, IF ANY, OF LENDER	None Personal residence
ELIBER	_ r district residence
HIGHEOT BALANCE BURNING REPORTING	Real PropertyStreet address
HIGHEST BALANCE DURING REPORTING PERIOD	550. 563,600
\$500 - \$1,000	City
\$1,001 - \$10,000	Guarantor
\$10,001 - \$100,000	
OVER \$100,000	Other
	(Describe)
Comments:	